

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10583920

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2				/			52						
3					/	.	53						
4						/	54						
5						.	55						
6						.	56						
7						.	57						
8						.	58						
9						.	59						
10			/				60						
11				/		.	61						
12					/	.	62						
13					.		63						
14						.	64						
15						.	65						
16						.	66						
17						.	67						
18						.	68						
19			/				69						
20				/		.	70						
21					/	.	71						
22					.		72						
23						.	73						
24						.	74						
25						.	75						
26						.	76						
27						.	77						
28			/				78						
29				/		.	79						
30					/	.	80						
31					.		81						
32			/				82						
33				/		.	83						
34					/	.	84						
35					.		85						
36						.	86						
37						.	87						
38						.	88						
39						.	89						
40						.	90						
41						.	91						
42						.	92						
43			/				93						
44				/		.	94						
45					/	.	95						
46					.		96						
47						.	97						
48						.	98						
49						.	99						
50							100						
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													